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## STATEMENT OF

FEC FORM 1	ORGANIZATION						Office Use Only				
1. NAME OF COMMITTEE (ir	n full)		Check if name s changed)		mple:If typing, t	type	12FE4				
CUNA Mutu	al Hold	ing Co	ompany P	olitica	I Action C	Comm	ittee (	CUNA	A Muti	ual F	PAC)
	1 1 1 1	1 1 1		1 1 1		1 1 1	1 1 1		1 1 1	1 1 1	
ADDRESS (number a	nd street)	5910 Mii	neral Point Rd, P	O Box 747							
(Check if address is changed)		Mail Sto	p 5910 4 A2				WI	5370	1-0747	 ] <b>-</b>	
				CITY			STATE		ZIP C	ODE	
COMMITTEE'S E-MA (Check if is change	address		provide only one		dress)					1 1 1	
COMMITTEE'S WEB  (Check if is change	address	,	RL) /w.cunamutual.cc	om/cmg/ho	me/						
2. DATE 02	2 01	) / Y	2012								
3. FEC IDENTIFIC	CATION NU	MBER	С	C0040210	)7						
4. IS THIS STATE	MENT X	NEW	(N) OR		AMENDE	O (A)					
I certify that I have e	examined thi	s Stateme	ent and to the be	est of my	knowledge and	belief it is	s true, coi	rect and o	complete.		
Type or Print Name	of Treasurer	Christop	oher P. Roe								
Signature of Treasurer  Christopher P. Roe  [Electron						Filed]	Date	01 /	30		2012
NOTE: Submission of			omplete information	-		-			enalties of	2 U.S.0	C. §437g.
Office Use Only					For further infor Federal Election ( Toll Free 800-424 Local 202-694-11	Commission -9530			FEC FC		